DOCUMENT RESUME

ED 201 633 SP 018 065

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TITLE Liberal Education and Health Education: Options for Articulation in Higher Education.
PUB DATE Apr 81
NOTE 16p.; Paper presented at the Annual Meeting of the American Alliance for Health, Physical Education, Recreation and Dance (Boston, MA, April, 1981).

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Behavior Change; Decision Making; Educational Assessment; Ethics; *General Education; *Health Education; Higher Education; *Individual Development; *Interdisciplinary Approach; Philosophy; Physical Fitness; Quality of Life; Values Education

ABSTRACT

This paper examines the strengths and weaknesses of liberal education and and considers options for articulation between them in higher education. While the two fields seem unrelated, closer inspection of how each field defines itself and views its goals and objectives leads to the conclusion that they have many similar processes and affective characteristics. Potential advantages of moving toward greater articulation between the two fields are examined. As an example, it is suggested that, in the area of values and ethics, a biomedical ethics course could have a philosophy component concentrating on theoretical aspects, and a health education components, focusing on applications to community situations. Faculty and students from both areas could benefit from interchanges of perspectives through interdisciplinary seminars, team-taught classes, and jointly conducted research and service projects. (Author/JD)

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LIBERAL EDUCATION AND HEALTH EDUCATION:

OPTIONS FOR ARTICULATION IN HIGHER EDUCATION

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Paper presented at the Annual Meeting of the American Alliance for Health, Physical Education, Recreation and Dance (Boston, MA, April, 1981)

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ABSTRACT

This paper examines liberal education and health education, their strengths and weaknesses, and considers options for articulation between them in higher education. Because of different evolutionary paths and traditions, the two fields seem prima facie unrelated. However, closer inspection of how each field defines itself and views its goals and objectives leads to another conclusion. Namely, the two fields have many similar process and affective characteristics.

Three options for articulation include continued performance by both fields in separate directions and hence little interrelationship; competition resulting in one field becoming the "winner" and the other the "loser;" and increased formal articulation directed at helping both fields substantiate existing strengths and overcome inherent weaknesses. This latter option is mutually beneficial to liberal education and higher education and appears to maximize benefits accruing to students, faculty, administrators and taxpayers. Increased formal articulation deserves substantial attention in a era of financial retrenchment confronting society in general and higher education in particular.

LIBERAL EDUCATION AND HEALTH EDUCATION:
OPTIONS FOR ARTICULATION IN HIGHER EDUCATION

INTRODUCTION

Liberal education and health education are two academic areas receiving increased attention within higher education. Both offer favorable potential to colleges and universities entering the nineteen eighties and confronting a syndrome of challenges and opportunities. After years of sustained growth and development, higher education is facing declines in enrollments, public support, consumer confidence and the value of the dollar. However, a majority of Americans believe that higher education continues to hold a key to the "good life" and retains a place as a traditional national value. Advocates allege that liberal education and health education can help the nation maintain a desirable quality of life by fostering individual and collective behavior conducive to meeting the exigencies of the future.

Responses to these challenges and opportunities range from increasing external control over higher education through private and public regulation, to modifying curriculum through voluntary academic processes. This presentation focuses on the latter response. In particular, the paper examines liberal education and health education, their strengths and weaknesses, and considers options for articulation between them.

LIBERAL EDUCATION

Liberal education may be defined with regard to its outputs, inputs, or processes. For example, Sterling McMurrin focuses upon a liberal education which "liberalizes or frees a person...from the bondage of ignorance, incompetence, bigotry, superstition, habit and irrationality...[and] contributes most directly to the achievement of the ideal of free persons in a free society..."[1] G. Lester Anderson believes liberal education

concentrates on the needs of students who "want more of their education to be related to being and becoming, as sensitive, socially responsive and responsible human beings."[2] Several major characteristics of liberal education, per L. Jackson Newell, are common with and provide a point of departure for our examination of health education:[3]

- Lifelong learning - the acquiring of attitudes, skills and knowledge necessary to sustain a lifetime of inquiry;
- Problem solving - the ability to reduce a situation to its basic elements, to distinguish the important from the unimportant;
- Englightened self interest - the ability to make conscious value judgements consistent with our own welfare and the welfare of others;
- Active participation - the acceptance of responsibility for the shaping of one's own future and, within reasonable limits, the structure of one's own environment; and
- Self awareness - the gaining of realistic perspective on our own strengths and weaknesses.

Support for liberal education is based upon its potential to improve quality of life for the individual and society. Through study of what are considered essential and everlasting content areas and ongoing critical thought skills, people are able to learn more about their life situations and how to improve them. Liberal education's claim to be an integral component of a successful and satisfying life dates back to the medieval university.[4]

Much of the recent interest in liberal education stems from a reaction to the late nineteen sixties' lack of academic direction and cohesiveness. Among the consequences were a proliferation of course offerings, decrease in basic academic competencies and standardized test scores, and early overspecialization directed toward graduate and professional study. Without a definitive theme or prioritization of course offerings, the quality of higher education in general and liberal education in particular was perceived to suffer. Henry Rosovsky aptly summarized this situation by asking: "What

does our Faculty and University mean when we welcome a student at graduation 'to the company of educated men and women?' What are the characteristics of an educated person and how can curricular requirements help to foster these?"[5]

Three major models for providing liberal education are evident. First, the "great books" approach made famous by Columbia University has students reading original works of masters in selected academic areas. Students learn about values directly from the works of philosophers rather than from survey texts or anthologies. A second approach calls for students to choose a distribution of existing designated liberal education courses. For example, students may fulfill liberal education requirements by taking two semesters of coursework from each of five academic divisions. A third method uses ongoing academic departments to develop new interdisciplinary core courses. Harvard University's recently implemented core curriculum emphasizes acquisition of "basic literacy in major forms of discourse" and this includes core course requirements in five areas: literature and arts; history, social and philosophical analysis; science and mathematics; and foreign languages and cultures.[6]

The prospectus for liberal education is not entirely positive. Despite claims to being the raison d'etre of undergraduate education, it has inherent deficiencies. It is difficult to relate liberal education directly to divergent aspirations held by pluralistic student populations. This probably is due to differing degrees of congruity among the goals of the instructor, the student and the course in question. Liberal education traditionally has been hampered by what T. R. McConnell refers to as "sheer lack of academic and educational imagination...[or] the product of pedantry."[7] Most academic units are organized on a relatively narrow, disciplinary basis and rewards

are provided for performance therein. Liberal education, however, requires expertise in integrating information from diverse areas.

Liberal education does not offer specific vocational skills which appear important to the nation's forthcoming freshman classes. Between 1969 and 1979 student attitudes changed substantially. "Being very well off financially" was an objective considered to be essential or very important in 1969 to 32% of freshman women and 54% of freshman men; by 1979 these percentages increased, respectively, to 57% and 69%.[8] In contrast, "developing a philosophy of life" as an objective considered to be essential or very important decreased from 86% to 55% among freshman women and from 79% to 51% among freshman men.[9]

Whatever benefits are achieved are ambiguous, difficult to measure and realized cumulatively and partially after graduation. Some authorities agree that it is nonsense to apply conventional cost-benefit analysis to liberal education. Other authorities maintain that liberal education, nonetheless needs some means of evaluation to provide feedback to improve programs and to convince skeptics. In any case, limitations in research design make it difficult to establish a scientifically valid and reliable case for liberal education.

HEALTH EDUCATION

Like liberal education, health education has numerous definitions. Green and Associates provide this commonly accepted definition: "Any combination of learning experiences designed to facilitate voluntary adaptations of behavior conducive to health."[10] Implied in this definition is the concept that health education is not simply the dissemination of information. Instead, it is a planned multi-faceted educational process oriented toward action congruous with positive physical, mental and social health.

Promotion of health education is based upon the scientifically supported belief that people can exert varying degrees of control over their health

through personal action. Health status is not the result of random occurences beyond individual or group control. As the U.S. D/HEW Task Force on Prevention stated: "Prudent lifestyle choices enable individuals to avert preventable diseases and conditions, reduce such factors that may predispose to illness, and promote emotional and physical well being."[11] That person who does not take up smoking and does not die prematurely presumably will experience less disease, pain and anguish; consume fewer health care resources; have greater satisfaction with life; and live longer.

Health education philosophically is in harmony with contemporary movements in personal health and human behavior. Growing national interests in holistic health, self care, nutrition and stress management enhance the role of health education. Futhermore, health education has a complementary relationship with physical fitness and participation sports like jogging, hiking, biking and raquetball in addition to more traditional sports.

Health education offers a formalized, academically credible version of the popular psychology movement and its related literature (i.e., Your Erroneous Zones, Pulling Your Own Strings, Looking Out for Number One, I'm O.K., You're O.K.). Health education and popular psychology have a mutual interest in assisting individuals to assert their rights and to assume responsibility for their decisions. Students may enter health education courses to learn how to cope with particular problems or to improve health in general. In either case, the student is provided with an opportunity to gain competencies to improve his/her willingness and ability to cope and thrive in the short and long term. A health education specialty or major is offered in over 250 American colleges and universities.[12]

The potential cost effectiveness of health education is attracting attention from the health care industry. Official acceptance of this perspective perhaps reached its zenith in the Canadian Governments's "A New Perspective on the Health of Canadians - A Working Document" and in the "U.S. Surgeon General's Report on

Health Promotion and Disease Prevention." The former recognized behavioral factors and health education interventions as one of four major strategies in improving the health of Canadians.[13] The latter's purpose was to encourage a second public health revolution in the U.S. (e.g., a strategy of reducing environmental and occupational hazards and encouraging individuals to practice health oriented behaviors).[14]

While health education has progressed greatly, it has a way to go to fulfill these aspirations. The two major branches of health education, community or public health education and school health education, are relatively new. In the U.S., it was not until the 1920's that the former became recognized as a major specialty function and the latter crystallized into accepted policies.[15,16]

In the present as in the past, most academic disciplines concentrate on providing students with an opportunity to acquire skills, attitudes and knowledge in a relatively circumscribed area. Health education goes beyond these goals to include behavior in a wide range of life situations. Health education remains a field of interest drawing upon knowledge from the physical, social and behavioral sciences. Its parameters are ambiguous and focus frequently changes according to contemporary needs. Location in divergent academic locations, such as colleges of education, human resources, health, physical education and recreation, allied health and public health complicates issues of identification and direction.

Health education does not have a single, overall accrediting body or set of standards for accrediting institutions that prepare health educators.[17] In other nations, there is no formal recognition of health education as a discrete specialty and the activity is carried out as a component of other activities related to health and illness.[18] Research indicates that health educators are accorded little prestige or status by other health professionals.[19]

Taken together, lack of role delineation and respect largely are responsible for claims of other health professions (i.e., nursing and pharmacy) to actively participate in the health education process.

Many health advocates are reluctant to overly promote the financial benefits of health education. Henry A. Waxman, Chairman of the U.S. House Subcomcomittee on Health and the Environment, cautions against claiming that cost-benefit analysis is sufficiently advanced to "decide which public health programs are worth having and which are not. It is useless to pretend that some sort of conciliatory calculus can give us some answers to what are essentially moral and critical questions."[20] The U.S. D/HEW 1978 Task Force on Prevention holds that "at the outset, at least, society will need to continue to spend what it spends on acute medical care needs and to add new expenditures for prevention. Ultimately, healthy people, happy and productive, should be ample justification for new initiatives in prevention."[21]

POINTS OF ARTICULATION AND NON-ARTICULATION

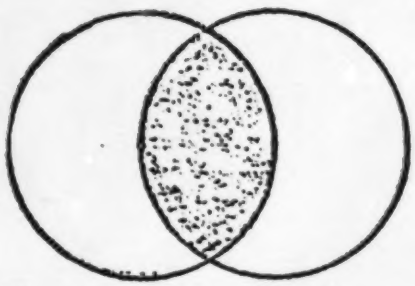
A prominent theme in higher education literature holds that education should be directed toward growth of the "whole person." Emphasis on cultivation of the intellect and practical competencies should be balanced with a focus on the affective dispositions, namely the moral, religious, emotional, social and esthetic aspects of the personality.[22] This "whole person" theme accomodates both liberal education and health education. The two fields have many shared means and ends, strengths and weaknesses. Both are oriented toward improving the quality of life for the individual, family and society. One joint means of pursuing this end is through cognitive and affective educational processes emphasizing the necessity of choosing among possible alternatives, each of which offers differential costs and benefits, and accepting responsibility for the consequences.

Health education and liberal education recognize that decision making

occurs in a socio-cultural context where people place different values on different outcomes. Neither area, nor any area, has a monopoly over such process-affective subjects as ethics, values, decision making, learning theory, behavior change, quality of life, or personal growth and development. These are the common foci of many disciplines. Few of their characteristics are in opposition. Instead, differences largely are based upon degrees of emphasis and issues of content. Health education has little direct involvement in "Intellectural Traditions of Western Civilization" while liberal education has minimal concern with "Alcohol and Drug Abuse." Conceptually, the relationship between liberal education and health education may be diagrammed this way:

LIBERAL EDUCATION

liberal education content-cognition (i.e., Intellectual Tradition of Western Civilization)



HEALTH EDUCATION

health education content-cognition (i.e., Alcohol and Drugs, Human Sexuality)

Common areas of process-affect: ethics, values, decision making, learning theory, behavioral change, quality of life, personal growth and development.

ANALYSIS OF OPTIONS

Given these factors, liberal education and health education can relate to each other in one of three general styles. First, they can continue as is with little formal articulation. The two areas could offer substantial parallel coursework and provide little exposure to the other field aside from satisfying graduation requirements. This option involves minimal change or risk to either field yet provides no common benefit. Second, the two areas could compete with each other through claiming primacy in common areas. Each area could compete for larger resource allocations by duplicating some of the

other's coursework and generating greater numbers of majors and student credit hours. The eventual emergence of a "winner" and a "loser" involves substantial risk with questionable gains for the institution. Internecine competition of this type is not in the best interests of faculties, students, administrators or taxpayers.

A third option calls for greater articulation. Ironically, this is an old concept, since the Greeks at the height of Athenian culture viewed education as a harmonious development of mind, body and spirit. Moving toward greater articulation presents several potential advantages. For example, in the area of values and ethics, a biomedical ethics course could have philosophy concentrate on theoretical aspects and health education focus on applications to community situations. Faculty and students from both areas could benefit from interchanges of perspectives through inter-disciplinary seminars, team taught classes, and jointly conducted research and service projects.

Through articulation, neither area would be forced to duplicate existing strengths or to compensate for areas of weakness. Instead, resources could be deployed to the joint benefit of both areas. The resultant synergy would enable the total to exceed the sum of the parts. As Martin states, "the successful liberal education program will back the traditional themes of general and liberal education with the student fixation on vocation-technical training, professional education, personal and inter-personal development."[23]

Achievement of this third option, however, necessitates change. If desired, change does not require outside intervention through legislative mandates or regents' directives. Nor does it call for substantial new budgetary allocations for capital or human resources. The buildings and

classrooms are available; so are the faculty, even if some additional competencies are necessary.

The change process can be conducted most expeditiously by those academic administrators and faculty members likely to be effected. An administrative environment and academic leadership which foster cooperation and stimulate new ideas will be invaluable. Liberal education and health education must identify their respective generic and specific strengths and weaknesses and the expected gains and losses of increased articulation. Previous sterotypes, whether about working with "hygiene teachers" or "ivory tower eggheads" can be coped with if acknowledged as unproductive. Research and demonstration in diverse settings should lead to the emergence of successful models which can be adapted for implementation elsewhere.

Neither liberal education nor health education can hope to alter circumstances beyond their control, such as the state of demographics, finances, energy or inflation. Even within higher education, liberal education and health education alone are not sufficient for the needs of society or of individuals. Functions such as data processing, surgery, carpentry and ranching require specific technical competencies. People need vocational competencies to earn a living and to fulfill other needs.

However, beyond the vocations, there are qualitiative and philosophical factors beneficial to both society and individuals. Through increased articulation, liberal education and higher education can benefit each other and in turn contribute to the good of the academic order. The two fields have a place in the mainstream of higher education, a higher education the Carnegie Commission believes will make essential contributions "...to a more participative society of higher quality; to more people taking charge of their lives;

to more people taking part in the affairs of their community, state and nation; to more people escaping the shackles of ignorance and domination by others."[24]

BIBLIOGRAPHY

1. McMurrin, S.M. "The Philosophy of Education" in McMurrin, S.M., ed., On the Meaning of the University. Salt Lake City: University of Utah Press, 1976, p.9.

2. Anderson, G.L. "Half a Century of General Education." Intellect, October, 1973, p.42.

3. Newell, L.J. "Definitions and Dimensions of Liberal Education." University of Utah Liberal Education Council, unpublished minutes, Salt Lake City, Utah, November, 1977, pp.2-5.

4. McGrath, E.J. General Education and the Plight of Modern Man. Indianapolis, Indiana: The Lilly Endowment, Inc., 1976, p.20.

5. "Harvard's Report on the 'Core Curriculum.'" The Chronicle of Higher Education, March 6, 1978, p.15.

6. "Harvard Weighs Plan to Reform College Curriculum." The Chronicle of Higher Education, March 6, 1978, pp.1, 15.

7. McConnell, T.R. "Surfeit or Dearth of Highly Educated People?" in McMurrin, S.M., ed., On the Meaning of the University, op.cit., p.76.

8. "Characteristics and Attitudes of First Year College Students." The Chronicle of Higher Education, January 28, 1980, pp.4-5.

9. Ibid., pp.4-5.

10. Green, L. et.al., Health Education Planning: A Diagnostic Approach. Palo Alto, California: Mayfield Publishing Company, 1980.

11. Public Health Service, Disease Prevention and Health Promotion: Federal Programs and Prospects. DHEW Publication No. (PHS) 79-55071B. U.S. Government Printing Office, Washington, D.C., September, 1978, p.57.

12. Deeds, S.G. "SOPHE at the Crossroads." SOPHE Presidential Address-29th Annual Meeting, Los Angeles, California, November 3, 1979, p.2.

13. Lalonde, M. A New Perspective on the Health of Canadians - A Working Document. Ottawa, Canada: Information Canada, 1975.

14. Public Health Service. Healthy People: The Surgeon General's Report on Health Promotion and Disease Prevention - 1979. DHEW Publication No. (PHS) 79-55701. U.S. Government Printing Office, Washington, D.C., 1979.

15. Hanlon, J.J. Public Health Administration and Practice, St. Louis: The C.V. Mosby Company, 1974, p.669.

16. Mayshark, C. and Shaw, D.D. Administration of School Health Programs: Its Theory and Practice. St. Louis: The C.V. Mosby Company, 1967, p.14.

17. "Health Education and Credentialing: The Role Delineation Project." Focal Points, July 1980, p.1.

18. Simonds, S.K. "Emerging Challenges in Health Education." International Journal of Health Education, Vol. XIX, October-December, 1976, p.15.

19. Nakamura, R.M. and Iverson, D.C. "Prestige of Health Educators Within the Health Care Delivery System." Journal of School Health, May, 1977, pp.296-301.

20. "National Coalition for Disease Prevention and Environmental Health Annual Meeting." SOPHE News and Views, Vol.6, June 1980, p.1.

21. Public Health Service. Disease Prevention and Promotion: Federal Programs and Prospects, op.cit., p.19.

22. Bowen, H.R. Investment in Learning: The Individual and Social Value of American Higher Education. San Francisco: Jossey-Bass Publishers, 1977, p.33.

23. Martin, W.B. letter to S.M. McMurrin, Salt Lake City, Utah, March 20, 1975, p.2.

24. The Carnegie Council on Policy Studies in Higher Education. Three Thousand Futures: the Next Twenty Years in Higher Education. San Francisco, Jossey-Bass Publishers, 1980, p.137.